SUMMARY OF THE
ACCREDITATION PROCESS COMMITTEE MEETING
JANUARY 12, 1999

The Accreditation Process Committee of the National Environmental Laboratory Accreditation Conference (NELAC) met on Tuesday, January 12, 1999, at 9 a.m. Eastern Standard Time (EST) as part of the Fourth NELAC Interim Meeting in Bethesda, MD. The meeting was led by its chair, Ms. Margaret M. Prevost of the New York State Department of Health. A list of action items is given in Attachment A. A list of participants is given in Attachment B. *The purpose of the meeting was to discuss Section 4.0 and propose changes.*

INTRODUCTION

Ms. Prevost began with an overview of the standard. The floor was opened for items to be placed in the"parking lot" to be discussed after completion of the agenda items. The items placed in the parking lot were:

1. Section 4.1.1 Technical Directors
2. Section 4.5 Interim Accreditation
3. Section 4.1.8 Change of Ownership

AGENDA ITEMS

Section 4.1.2:

The first item on the agenda was the proposed changes to Section 4.1.2, On-Site Assessments as it pertains to mobile laboratories. The proposed changes to the standards were read and explained and discussion ensued.

The following comments were addressed to the committee:

A participant proposed changing the length of time for which no accreditation is required for a temporary mobile laboratory from 90 consecutive calender days to 11 months. A participant from a technical firm noted that they have numerous mobile laboratories that may be on remediation sites for longer than 90 days and would have to seek numerous accreditations.

The question was also raised as to which state will accredit the mobile laboratories–either the state in which the parent company resides or the state in which the mobile laboratory is located. The committee responded that a mobile laboratory that is permanently configured with equipment to perform analyses should have primary certification in the state where the parent company resides and should seek secondary certification in the state in which the mobile laboratory is located. A mobile laboratory that is not permanently configured for analysis but has been equipped for more than 90 consecutive calender days must seek accreditation in the state in which the parent company is located and seek secondary accreditation in the state in which they are doing work. It was suggested that standards speak more clearly to the applications and accreditations required for the various mobile laboratories.

A participant commented that the Accreditation Process committee should work with the *ad hoc* Field Measurements Committee to determine how to best oversee mobile laboratories. Ms. Prevost responded that the committee was aware that the sampling issue should be discussed with the Field Measurements Committee.

The question was raised regarding if a mobile laboratory locates for over 90 days in a state other than the state where the parent laboratory resides,would they be required to apply for primary accreditation in two different states? The committee stated that this was not the intent of the standard. The standard states that a permanently configured mobile laboratory would have a separate accreditation which would mean the mobile laboratory would only need to apply for secondary accreditation in the state in which it is working.

It was suggested that many of the problems with mobile laboratories still arise from the unclear definitions.

Another participant offered support for the current verbiage proposed for 4.1.2. He suggested that the permanently configured laboratories should be accredited as an individual laboratory.

It was suggested that it would be difficult for a mobile laboratory to seek accreditation for all possible type(s) of analysis that they could perform. A participant from a technical firm confirmed that in the business of quick response they do not know ahead of time where their temporary mobile laboratories may be located and with what it may need to be equipped. The committee responded that these firms should be aware of what work they may possibly do so they would only need to apply for secondary accreditation in the state where they will do work. The participant reiterated that she still feels that 90 days is too short a time.

It was stated that fixed laboratories will have the same problems. They will need to plan ahead and have secondary approval in states where they may work. Ms. Prevost commented that secondary accreditations should be handled quickly because there are no inspections or proficiency testing required.

Another technical firm suggested that if mobile laboratories are allowed to stay on-site longer than 90 days without accreditation it would be unfair to fixed laboratories that have to pay for accreditation and are forced to compete on contracts with these mobile laboratories.

The question was raised concerning wastewater plant operators and whether each plant operator would need to be certified. The committee answered that each waste water operator that reports regulatory results will need to be certified. They added that there will be some flexibility within the state on what will be required in situation(s) such as these. One state offered that they will use a two-tiered system within their state to make allowance for such situations. Some of these problems may be addressed when the Field Measurements committee meets.

A question was raised concerning how to determine what will be a field measurement as opposed to a test performed by a mobile laboratory. The committee responded that at some point these tests must be defined and they will work with the Field Measurements Committee to determine these definitions.

Concern was expressed about the cost laboratories with several mobile laboratories will incur in receiving numerous accreditations. A state regulator suggested that her state plans to have a two-tiered certification fee system which would give smaller laboratories, which might include mobile laboratories, a financial break. A committee member responded that a fixed space laboratory with several different locations would be required to have each of these laboratories accredited so the situation should not be different for mobile laboratories.

The question was raised by a participant on how the committee arrived at the 90 consecutive days figure. The committee responded that the number was arrived at by speaking with several participants who stated most quick response type situations require monitoring for 60 to 90 days.

One state regulator commented that they have several mobile laboratories that lease their analytical equipment. This has caused a problem when an on-site inspection occurs and the equipment they are the to inspect was no longer on-site.

Ms. Prevost explained to the audience that the primary mission of the committee and the standard is to ensure that all work being done in these facilities produces valid data.

A regulator suggested that mobile laboratories should not be certified as a separate entities from the parent company. He suggested that each of these mobile laboratories should have on-site inspections and should be held to the same level of QA/QC as the parent laboratory. If the mobile laboratory did not meet requirements, the accreditation should be pulled for the parent laboratory. A participant from a technical firm commented that there are numerous requirements for fixed laboratories and that mobile laboratories should be held to the same standards.

A participant suggested that the mobile laboratory concern was not an Accreditation Process concern but rather a quality systems matter. The chair responded that the accreditation requirements are under the accreditation process.

It was suggested that the committee seems to be wrapped up in all the ways a mobile laboratory should be defined and all the work they may do. The participant suggested that the easiest way to handle the mobile laboratory problem would be to allow the individual accrediting authorities to decide when accreditation should occur for these mobile laboratories. The committee responded there must be some general guidance for accreditation, while allowing flexibility for the accrediting authority. A committee member suggested that the 90-day time constraint be removed and the parent company always have responsibility for temporary mobile laboratories.

A participant from the Department of Defense (DOD) suggested that all laboratories associated with one parent laboratory be accredited under one large laboratory including satellite laboratories, etc. The committee responded that this would not be acceptable since the laboratory director cannot be at multiple sites overseeing QA and data reporting.

The chair thanked everyone for their comments concerning Section 4.1.2 and encouraged all participants to forward additional comments in writing.

PARKING LOT ITEMS

Items that had been placed in the “parking lot” were discussed:

Section 4.1.1 Definition, Technical Director(s)

A participant expressed concerns that persons who are technical directors at the time NELAP is implemented and are approved as technical directors would be able to have reciprocity and could be technical directors in facilities with different fields of testing. The participant provided suggested wording changes that would rectify the problem. The wording was as follows "A person who possesses that requisite experience but who does not meet the education requirements of section 4.1.1.1(a) on the date that the laboratory becomes subject to the NELAC standards shall qualify as the technical director of that laboratory or any other NELAC-accredited laboratory fitting the description set forth in 4.1.1.1(a) if the laboratory meets proficiency testing and quality control requirements." The Chair commented that there would be changes made to the terminology and thanked the participant for her suggestions.

Section 4.5 Interim Accreditation

A participant voiced concern that a laboratory may fail to be accredited in a state that is not participating in NELAP. The laboratory may then apply for NELAP accreditation in another state and be given interim accreditation for up to a year before an on-site assessment may be performed. The laboratory could then apply for secondary accreditation in another state and may be operating in several states with the interim accreditation. The committee stated that it would not be possible to police this. It was suggested that if the primary accreditor finds out there is a problem with a laboratory, perhaps the on-site assessment could take place immediately.

Section 4.1.8e Change of Ownership

A participant requested that the terminology be changed to require that the new owners of a laboratory become custodian of any data and reports generated by the laboratory under its previous owner. Currently the standard requires retention of such data and reports to be the responsibility of the seller. He said that this was unrealistic, that these owners disappear as do these records. The new owner would be custodian of the records but would have no liability for the contents of such records.

Attachment A

ACTION ITEMS
ACCREDITATION PROCESS COMMITTEE MEETING
JANUARY 12, 1999

Item No.	Action	Date to be Completed
1.	Committee will review the comments concerning section 4.1.2 and mobile laboratories.	4/1/99
2.	Committee will confer with the Field Measurement Committee regarding the distinction between field and laboratory measurements.	6/1/99
3.	Committee will clarify grandfather clause.	4/1/99
4.	Committee will recommend amending Section 4.1.8(e) involving change of laboratory ownership.	4/15/99
5.	Committee will further discuss interim accreditation	4/15/99

Attachment B

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ACCREDITATION PROCESS COMMITTEE MEETING
JANUARY 12, 1999

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